

EXHIBIT B

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 CHARLESTON DIVISION
4 IN RE: ETHICON, INC. Master File No.
PELVIC REPAIR SYSTEMS 2:12-MD-02327
PRODUCTS LIABILITY LITIGATION MDL NO. 2327

5
6 Mary Shelton, et al., JOSEPH R. GOODWIN
U.S. DISTRICT JUDGE
Plaintiffs,
7 v. Case No. 2:12-cv-01707
8 Ethicon, Inc., et al.,
9 Defendants.

10
11 ORAL DEPOSITION OF
12 CHRISTINA PRAMUDJI, M.D.
13 Tuesday, July 12, 2016
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22 GOLKOW TECHNOLOGIES, INC.
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<p>1 erosion.</p> <p>2 Q. What's the basis of that</p> <p>3 opinion?</p> <p>4 A. Because an exposure is more</p> <p>5 after -- immediately after the surgery, when</p> <p>6 the wound doesn't come together well. An</p> <p>7 erosion is further down the line where the</p> <p>8 tissue is compromised and breaks down. In</p> <p>9 her case, it was compromised by the atrophy.</p> <p>10 Q. Other than the atrophy, the</p> <p>11 diabetes and the hysterectomy, do you believe</p> <p>12 that there's anything that Mary Shelton did</p> <p>13 herself to cause or contribute to the</p> <p>14 exposure or erosion that she experienced?</p> <p>15 A. No.</p> <p>16 Q. I've seen in some of the</p> <p>17 records a diagnosis of diverticulosis. Do</p> <p>18 you recall that?</p> <p>19 A. I don't remember off the top of</p> <p>20 my head.</p> <p>21 Q. Is there anything about that</p> <p>22 diagnosis, assuming it exists, that would</p> <p>23 have caused or contributed to Mary Shelton's</p> <p>24 mesh erosion or exposure?</p>	<p>1 hours.</p> <p>2 A. Sure.</p> <p>3 (Recess taken, 6:59 p.m. to</p> <p>4 7:09 p.m.)</p> <p>5 BY MS. COPELAND:</p> <p>6 Q. Let's go back to page 5 of your</p> <p>7 report, which is Exhibit 2.</p> <p>8 A. Okay.</p> <p>9 Q. You indicate at number 5 or you</p> <p>10 note at number 5 that Mrs. Shelton continues</p> <p>11 to have mild urinary incontinence.</p> <p>12 Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. And you say it's common at her</p> <p>15 age and it is multifactorial. It does not</p> <p>16 represent a failure or defect of the mesh.</p> <p>17 My question to you is: A</p> <p>18 failure or a defect of a mesh, is it a</p> <p>19 possibility of her -- a possible cause of her</p> <p>20 recurrent incontinence?</p> <p>21 A. No, I don't believe so, no.</p> <p>22 Q. So when you indicate that the</p> <p>23 urinary incontinence is multifactorial, what</p> <p>24 do you mean?</p>
<p>1 A. No.</p> <p>2 Q. And I think I've also seen a</p> <p>3 diagnosis of or treatment for basal cell</p> <p>4 carcinoma on her chin. Do you recall seeing</p> <p>5 that?</p> <p>6 A. I don't remember that.</p> <p>7 Q. Assuming that it's there, do</p> <p>8 you believe that that would cause or</p> <p>9 contribute to her mesh erosion or exposure?</p> <p>10 A. No.</p> <p>11 MS. COPELAND: How long have we</p> <p>12 been going?</p> <p>13 THE REPORTER: I can tell you.</p> <p>14 57 minutes.</p> <p>15 BY MS. COPELAND:</p> <p>16 Q. You know what I want to do? I</p> <p>17 would like to take a break right now if it's</p> <p>18 okay with you.</p> <p>19 A. Sure.</p> <p>20 Q. Because I've been kind of</p> <p>21 jumping all over the place, and then see if I</p> <p>22 can pull it all together and wrap it up --</p> <p>23 A. Sure.</p> <p>24 Q. -- well in advance of two</p>	<p>1 A. Well, as women age, urinary</p> <p>2 incontinence becomes more common and it's due</p> <p>3 to urogenital atrophy, it's due to anatomical</p> <p>4 changes. There's numerous causes that can</p> <p>5 occur. The diabetes is a factor that can</p> <p>6 cause urinary incontinence.</p> <p>7 So there's many reasons why she</p> <p>8 has urinary incontinence.</p> <p>9 Q. But mesh is not one of them?</p> <p>10 A. Correct.</p> <p>11 Q. You're aware of literature out</p> <p>12 there that supports at least the possibility</p> <p>13 that mesh or mesh failure can be a cause of</p> <p>14 recurrent stress incontinence, correct?</p> <p>15 MR. SNELL: Form and</p> <p>16 foundation.</p> <p>17 A. I don't believe that the mesh</p> <p>18 causes it, but I believe that the anatomy can</p> <p>19 change over time and the mesh cannot overcome</p> <p>20 those changes in anatomy.</p> <p>21 BY MS. COPELAND:</p> <p>22 Q. I'm not sure if I asked you</p> <p>23 this earlier, and I apologize if I did. Is</p> <p>24 there anything about Mary Shelton's medical</p>

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<p>1 history, medical condition in 2002, at the 2 time of her implant, to suggest she was not a 3 proper candidate for either of the mesh 4 products implanted in her body?</p> <p>5 A. No.</p> <p>6 Q. There was no warning or 7 contraindication that you're aware of in 8 either of the IFUs to suggest that those 9 products should not have been implanted in 10 her body, correct?</p> <p>11 A. Correct.</p> <p>12 Q. I saw somewhere that you had 13 done some work with Ethicon beyond serving as 14 an expert offering opinions on their behalf, 15 and what I noted was that you had done some 16 preceptorship work for Ethicon? Is that 17 right?</p> <p>18 A. Correct.</p> <p>19 Q. And that involves teaching 20 other physicians about the Ethicon 21 products --</p> <p>22 A. Correct.</p> <p>23 Q. -- and how to implant them, 24 right?</p>	<p>1 expert, preceptorship work, advisory panels 2 and moderating meetings or booths at AUA, 3 have you done any other paid work on behalf 4 of Ethicon, ever?</p> <p>5 MR. SNELL: Object, form.</p> <p>6 Covered in prior depositions.</p> <p>7 Go ahead.</p> <p>8 A. Not that I can recall.</p> <p>9 BY MS. COPELAND:</p> <p>10 Q. Okay. And that's all -- I'm 11 just trying to get current, you know, so 12 maybe something has changed since then, but 13 thank you.</p> <p>14 MR. SNELL: I have no problem 15 with current questions in that regard, 16 if that's what you're asking.</p> <p>17 MS. COPELAND: Yeah, yeah. I'm 18 just looking for anything new.</p> <p>19 MR. SNELL: Yeah, I have no 20 issue with current. I just thought I 21 heard prior, sorry.</p> <p>22 MS. COPELAND: And I could have 23 said it. Thank you.</p> <p>24 BY MS. COPELAND:</p>
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<p>1 A. Yes.</p> <p>2 Q. And how to decide what types of 3 patients are appropriate and which ones are 4 not appropriate, correct?</p> <p>5 A. Correct.</p> <p>6 Q. Have you done any preceptorship 7 work since -- on behalf of Ethicon since you 8 have been hired to serve as an expert on 9 their behalf?</p> <p>10 A. No.</p> <p>11 Q. I noticed -- noted that you had 12 also served on some advisory panels for 13 Ethicon.</p> <p>14 A. Yes, that's correct.</p> <p>15 Q. Have you been on any advisory 16 panels since you began working as an expert 17 on their behalf?</p> <p>18 A. No.</p> <p>19 Q. And appearing at or moderating 20 meetings or booths or a booth at AUA, have 21 you done that since you've been hired as an 22 expert?</p> <p>23 A. No.</p> <p>24 Q. Other than serving as an</p>	<p>1 Q. What I think that I'm going to 2 do is I want to take -- the only thing that 3 you brought that causes me any concern would 4 be the drives, since I can't see them.</p> <p>5 MR. SNELL: They just have -- I 6 mean, I'll put it on the record. I'll 7 make a representation. They just have 8 the medical records, all the medical 9 records and the depositions that would 10 have been accumulated at that point.</p> <p>11 MS. COPELAND: Case-specific 12 only?</p> <p>13 MR. SNELL: Case-specific, 14 yeah, yeah, yeah.</p> <p>15 MS. COPELAND: Okay.</p> <p>16 MR. SNELL: Let me plug it in.</p> <p>17 MS. COPELAND: And then I'm not 18 sure what the position is or it's 19 going to be, but what I would like to 20 do is I'm going to stop, but I want to 21 at least put it on the record, a 22 reservation of my right to finish off 23 any untaken time to depose you on a 24 medical examination if you perform</p>

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<p>1 one.</p> <p>2 I don't know that you can agree</p> <p>3 or disagree, but I want to reserve my</p> <p>4 right to do that.</p> <p>5 THE REPORTER: Are we still on</p> <p>6 the record? Is there anything</p> <p>7 further?</p> <p>8 MR. SNELL: I'm just looking --</p> <p>9 I'm sorry.</p> <p>10 MS. COPELAND: Yeah, let's stay</p> <p>11 on the record for a few minutes.</p> <p>12 MR. SNELL: So, Counsel, my</p> <p>13 representation is accurate. I'm</p> <p>14 opening up the thumb drive, and all</p> <p>15 that are on it are case-specific</p> <p>16 medical records and transcripts from</p> <p>17 depositions.</p> <p>18 MS. COPELAND: In this case.</p> <p>19 MR. SNELL: In this case.</p> <p>20 MS. COPELAND: Yeah, you said</p> <p>21 case-specific.</p> <p>22 MR. SNELL: And they would be</p> <p>23 contained and set forth, itemized in</p> <p>24 the back of the materials list that</p>	<p>1 and it changes or augments or change -- or</p> <p>2 affects your opinion, will you let me know so</p> <p>3 I can let plaintiffs' counsel know?</p> <p>4 A. Yes.</p> <p>5 MR. SNELL: Counsel, I believe</p> <p>6 there was an updated or a supplemental</p> <p>7 reliance list that was served a week</p> <p>8 or so ago.</p> <p>9 MS. COPELAND: Oh, yeah? Okay.</p> <p>10 MR. SNELL: I don't know if you</p> <p>11 have it or if you want to attach it,</p> <p>12 but I will put that on the record.</p> <p>13 MS. COPELAND: Can we go ahead</p> <p>14 and just mark that as Exhibit 3?</p> <p>15 MR. SNELL: Yeah.</p> <p>16 MS. COPELAND: Why don't we</p> <p>17 just do that.</p> <p>18 MR. SNELL: Okay. I don't have</p> <p>19 a copy of it, but I assume --</p> <p>20 MS. COPELAND: We'll get one.</p> <p>21 MR. SNELL: Okay.</p> <p>22 (Whereupon, Exhibit</p> <p>23 Pramudji-Shelton-3, Supplemental</p> <p>24 Reliance List in Addition to Materials</p>
<p>1 you discussed with the doctor earlier.</p> <p>2 MS. COPELAND: Great. Okay.</p> <p>3 Then with the noting on the record of</p> <p>4 my reservation to continue this</p> <p>5 deposition if a medical examination is</p> <p>6 taken or performed on Mary Shelton, I</p> <p>7 will pass the witness.</p> <p>8 EXAMINATION</p> <p>9 BY MR. SNELL:</p> <p>10 Q. Dr. Pramudji, I just have a few</p> <p>11 follow-up questions.</p> <p>12 You mentioned the rough draft</p> <p>13 of Dr. Pizarro and that you had not had a</p> <p>14 chance to read that yet? Am I correct in</p> <p>15 that regard?</p> <p>16 A. That's correct.</p> <p>17 Q. Do you plan to review that</p> <p>18 deposition?</p> <p>19 A. Yes.</p> <p>20 Q. Do you plan to review any other</p> <p>21 depositions or medical records that become</p> <p>22 available between now and the time of trial?</p> <p>23 A. Yes.</p> <p>24 Q. And if you review any of those</p>	<p>1 Referenced in Report Re Mary Shelton,</p> <p>2 was marked for identification.)</p> <p>3 BY MR. SNELL:</p> <p>4 Q. You were asked a question about</p> <p>5 whether all of the general materials in your</p> <p>6 prior general report are the entire scope of</p> <p>7 your general opinions.</p> <p>8 Do you recall a question</p> <p>9 somewhat along those lines?</p> <p>10 A. Yes.</p> <p>11 Q. I'm paraphrasing because</p> <p>12 plaintiffs' counsel's question was much more</p> <p>13 articulate than that one.</p> <p>14 MS. COPELAND: One of them.</p> <p>15 BY MR. SNELL:</p> <p>16 Q. My question to you is this,</p> <p>17 Doctor: Have you, since the time of your</p> <p>18 most recent general Gynemesh Prolift report,</p> <p>19 continued to review the literature with</p> <p>20 regard to those products?</p> <p>21 A. Yes.</p> <p>22 Q. And have you, in prior</p> <p>23 depositions, noted the additional materials</p> <p>24 that you have reviewed that don't change your</p>

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<p>1 opinion but are just further supportive of 2 your opinions?</p> <p>3 A. Yes.</p> <p>4 Q. Such as the recent AUGS, SUFU, 5 AUA, SGS, National Incontinence Group, 6 position statement that was just released on 7 midurethral slings?</p> <p>8 A. Yes.</p> <p>9 Q. The paper to be presented at 10 IUGA on the lack of support for a degradation 11 theory showing that the correct material is 12 instead a biologic proteinaceous material?</p> <p>13 A. Yes.</p> <p>14 MS. COPELAND: Objection, form.</p> <p>15 BY MR. SNELL:</p> <p>16 Q. Do you recall the questions 17 about the mesh erosion, in particular where 18 it was located?</p> <p>19 A. Yes.</p> <p>20 Q. I believe you testified it was 21 reported in the records to be 1-point -- 22 strike that.</p> <p>23 The mesh exposure or erosion 24 was reported to be approximately</p>	<p>1 Q. Do you recall being asked about 2 the plaintiff's shortened and narrowed 3 vagina?</p> <p>4 A. Yes.</p> <p>5 Q. Was that a preexisting 6 condition she had even before her 2002 7 surgeries with the Prolene and TVT?</p> <p>8 A. Yes, that's correct.</p> <p>9 Q. Did you consider that in 10 formulating your differential diagnoses?</p> <p>11 A. Yes.</p> <p>12 Q. Was dyspareunia a preexisting 13 medical condition?</p> <p>14 A. Yes, it was.</p> <p>15 Q. And when I say "preexisting," 16 I'm asking, did it preexist as well the 17 mesh-based repairs from 2002?</p> <p>18 A. Yes.</p> <p>19 Q. And did she have the 20 dyspareunia at the same time she had the 21 shortened and narrowed vagina before the 2002 22 mesh-based repair surgeries with the TVT and 23 Prolene?</p> <p>24 MS. COPELAND: Form.</p>
<p>1 1-by-1 centimeters at the apex? Do you 2 recollect giving that testimony?</p> <p>3 A. Yes.</p> <p>4 Q. Was the mesh erosion at the 5 site of the TVT, or was that the prolapsed 6 mesh?</p> <p>7 A. That would be the prolapsed 8 mesh.</p> <p>9 Q. Do you recall being asked about 10 whether or not generally mesh is supposed to 11 erode?</p> <p>12 A. Yes.</p> <p>13 Q. Is erosion a potential risk of 14 utilizing sutures?</p> <p>15 A. Yes.</p> <p>16 Q. Is it a potential risk of using 17 biologic materials?</p> <p>18 A. Yes, it is.</p> <p>19 Q. Is it a potential risk of using 20 autologous material?</p> <p>21 A. Yes.</p> <p>22 Q. Is that all set forth in your 23 general report?</p> <p>24 A. Yes.</p>	<p>1 A. Yes.</p> <p>2 BY MR. SNELL:</p> <p>3 Q. Did you consider that in 4 formulating your differential diagnosis?</p> <p>5 A. Yes.</p> <p>6 Q. You were asked a question about 7 the recurrence noted in 2010 and plaintiff's 8 complaint of recurrent prolapse. My question 9 to you is this: I believe in your report you 10 note that the prolapse in 2010 was at a 11 rectocele and enterocele?</p> <p>12 A. That's correct.</p> <p>13 Q. Where was the Prolene mesh used 14 back in 2002?</p> <p>15 A. The Prolene mesh was used in 16 the anterior compartment of the vagina to 17 repair a cystocele, so it's a different wall 18 of the vagina.</p> <p>19 Q. Would the rectocele/enterocele 20 noted in 2010 be a recurrence of that 21 anterior colporrhaphy/replacement of Prolene 22 mesh performed in 2002?</p> <p>23 MS. COPELAND: Objection, form.</p> <p>24 A. No.</p>

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<p>1 BY MR. SNELL:</p> <p>2 Q. As far as that rectocele</p> <p>3 recurring, when did she first actually have</p> <p>4 her initial rectocele repair? And I'm</p> <p>5 looking at your report at the top of page 2.</p> <p>6 A. 1986.</p> <p>7 Q. And then between 1986 and 2002,</p> <p>8 she also had numerous other rectocele</p> <p>9 repairs?</p> <p>10 A. That's correct.</p> <p>11 Q. And then in 2010, she had</p> <p>12 another rectocele noted?</p> <p>13 A. That's correct.</p> <p>14 Q. And would that be a recurrence</p> <p>15 of her earlier rectocele repairs and</p> <p>16 preexisting history of a rectocele?</p> <p>17 MS. COPELAND: Objection, form.</p> <p>18 A. Yes, that's correct.</p> <p>19 BY MR. SNELL:</p> <p>20 Q. Was the rectocele a documented</p> <p>21 preexisting medical condition that she had</p> <p>22 before the 2002 surgeries with the TVT and</p> <p>23 the Prolene mesh for anterior repair?</p> <p>24 MS. COPELAND: Objection, form.</p>	<p>1 MS. COPELAND: Objection, form.</p> <p>2 A. Yes.</p> <p>3 BY MR. SNELL:</p> <p>4 Q. Did they warn of the risk of</p> <p>5 inflammation?</p> <p>6 A. Yes.</p> <p>7 Q. Based on your review of the</p> <p>8 literature -- strike that.</p> <p>9 Plaintiffs' counsel asked you</p> <p>10 questions about your various professional</p> <p>11 education activities with Ethicon on their</p> <p>12 products. Do you recall that?</p> <p>13 A. Yes.</p> <p>14 Q. Does the IFUs also recommend a</p> <p>15 surgeon undergo training?</p> <p>16 A. Yes.</p> <p>17 Q. Does that professional</p> <p>18 education and training also warn or advise of</p> <p>19 the risk of erosion, extrusion, inflammation?</p> <p>20 MS. COPELAND: Objection, form.</p> <p>21 A. Yes.</p> <p>22 BY MR. SNELL:</p> <p>23 Q. Does it warn of other risks?</p> <p>24 MS. COPELAND: Objection, form.</p>
<p style="text-align: center;">Page 67</p> <p>1 A. Yes, that's correct.</p> <p>2 BY MR. SNELL:</p> <p>3 Q. You were asked about the</p> <p>4 defecatory dysfunction also that she reported</p> <p>5 at the same time as her rectocele in 2010.</p> <p>6 Do you recall that?</p> <p>7 A. Yes.</p> <p>8 Q. And you testified it was not</p> <p>9 from the mesh. Do you recall that?</p> <p>10 A. Yes.</p> <p>11 Q. What, if anything, do you</p> <p>12 believe that that defecatory dysfunction was</p> <p>13 from?</p> <p>14 MR. SNELL: Objection, form.</p> <p>15 A. I believe that was from the</p> <p>16 recurrent rectocele.</p> <p>17 BY MR. SNELL:</p> <p>18 Q. Okay. You were asked a</p> <p>19 question about the IFUs and what it said or</p> <p>20 didn't say.</p> <p>21 Do you recall that?</p> <p>22 A. Yes.</p> <p>23 Q. Did the Prolene and TTVT IFUs</p> <p>24 warn of the risk of erosion, extrusion?</p>	<p style="text-align: center;">Page 69</p> <p>1 A. Yes.</p> <p>2 BY MR. SNELL:</p> <p>3 Q. Page 4 of your report, you cite</p> <p>4 to a paper by Iglesia regarding the use of</p> <p>5 mesh in gynecologic surgery published in</p> <p>6 1997. Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. And you state, "As noted in my</p> <p>9 general report, wound complications, scarring</p> <p>10 and dyspareunia are risks of all prolapse</p> <p>11 surgeries that have been long reported in the</p> <p>12 literature." Is that correct?</p> <p>13 MS. COPELAND: Objection, form.</p> <p>14 A. Yes.</p> <p>15 BY MR. SNELL:</p> <p>16 Q. "And are a basic part of pelvic</p> <p>17 floor surgeon training." Do you recall that?</p> <p>18 A. Yes.</p> <p>19 Q. Through your review of the</p> <p>20 literature over the years and your medical</p> <p>21 education and training, are you aware of what</p> <p>22 risks or complications would be commonly</p> <p>23 known to the intended users of these devices?</p> <p>24 MS. COPELAND: Objection, form.</p>

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<p>1 A. Yes.</p> <p>2 BY MR. SNELL:</p> <p>3 Q. And would mesh</p> <p>4 erosion/exposure, dyspareunia, scarring, are</p> <p>5 those risks that would be commonly known to</p> <p>6 the intended user of these devices at the</p> <p>7 time of Mrs. Shelton's surgery?</p> <p>8 MS. COPELAND: Objection, form.</p> <p>9 A. Yes.</p> <p>10 BY MR. SNELL:</p> <p>11 Q. Is that based on your review of</p> <p>12 the literature over decades as well as your</p> <p>13 experience and education as well as</p> <p>14 professional education, teaching and training</p> <p>15 activities with the Ethicon products?</p> <p>16 MS. COPELAND: Objection, form.</p> <p>17 A. Yes.</p> <p>18 MR. SNELL: That's all I have.</p>	<p>1 mesh is also one of the prolapse surgeries to</p> <p>2 which you refer, correct?</p> <p>3 A. Correct.</p> <p>4 Q. So you would agree with me that</p> <p>5 wound complications are a risk of mesh</p> <p>6 prolapse surgery, correct?</p> <p>7 MR. SNELL: Object, form.</p> <p>8 Go ahead.</p> <p>9 A. Correct.</p> <p>10 BY MS. COPELAND:</p> <p>11 Q. And scarring is a risk</p> <p>12 associated with mesh prolapse surgery,</p> <p>13 correct?</p> <p>14 A. Correct.</p> <p>15 Q. And finally, dyspareunia is a</p> <p>16 risk associated with mesh prolapse surgery,</p> <p>17 correct?</p> <p>18 A. Correct.</p> <p>19 MS. COPELAND: That's all I've</p> <p>20 got. Thank you.</p> <p>21 THE WITNESS: Okay. Thank you.</p> <p>22 MR. SNELL: That's all I have.</p> <p>23 THE REPORTER: The reporter</p> <p>24 will put the elapsed time on the</p>
<p>1 factor to her erosion or exposure, is it?</p> <p>2 A. No.</p> <p>3 Q. Do you believe that there is</p> <p>4 any biologic material that's ever been</p> <p>5 implanted in Mrs. Shelton that caused or</p> <p>6 contributed to her erosion or exposure?</p> <p>7 A. No.</p> <p>8 Q. What about autologous material?</p> <p>9 Do you believe that there's any autologous</p> <p>10 material that's ever been used in any of her</p> <p>11 surgeries that caused or contributed to her</p> <p>12 exposure or erosion?</p> <p>13 A. No.</p> <p>14 Q. And then on page 4 of your</p> <p>15 report, going back to that citation to the</p> <p>16 Iglesia article, you would agree with me --</p> <p>17 let me back up and just get this right.</p> <p>18 You note that wound</p> <p>19 complications, scarring and dyspareunia are</p> <p>20 risks of all prolapse surgeries that have</p> <p>21 long been reported in the literature,</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. You would agree with me that</p>	<p>1 record, and we are off the record at</p> <p>2 7:31.</p> <p>3 (Deposition recessed at</p> <p>4 7:31 p.m.)</p> <p>5 REPORTER'S NOTE: Examination</p> <p>6 time used by counsel is as follows:</p> <p>7 BY MS. COPELAND: 01:07:14</p> <p>8 BY MR. SNELL: 00:12:36</p> <p>9 --oOo--</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

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1 **CERTIFICATE**
2

3 I, SUSAN PERRY MILLER, Registered
4 Diplomate Reporter, Certified Realtime
5 Reporter, Certified Court Reporter and Notary
6 Public, do hereby certify that prior to the
7 commencement of the examination, CHRISTINA
8 PRAMUDJI, M.D. was duly sworn by me to
9 testify to the truth, the whole truth and
10 nothing but the truth;

11 That pursuant to Rule 30 of the
12 Federal Rules of Civil Procedure, signature
13 of the witness was not reserved by the
14 witness or other party before the conclusion
15 of the deposition;

16 That the foregoing is a verbatim
17 transcript of the testimony as taken
18 stenographically by and before me at the
19 time, place and on the date hereinbefore set
20 forth, to the best of my ability.

21 I DO FURTHER CERTIFY that I am
22 neither a relative nor employee nor attorney
23 nor counsel of any of the parties to this
24 action, and that I am neither a relative nor
 employee of such attorney or counsel, and
 that I am not financially interested in the
 action.

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